



Division of Mental Health and Addiction  
 402 W. WASHINGTON STREET, ROOM W353  
 INDIANAPOLIS, IN 46204-2739  
 317-232-7800  
 FAX: 317-233-3472

DMHA Youth Home & Community-Based Wraparound Services (HCBS)  
**Formal Grievance or Complaint Form**

Date:

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|--|--|
| <p><b>Contact Information (Optional)</b></p> <p>If you wish DMHA to discuss the concern or complaint with you, please complete contact info below:</p> <p><b>Name of person completing the form:</b></p> <p><b>Phone:</b></p> <p><b>Email:</b></p> | <p><b>Service Program</b></p> <p>Which program is participant (Youth) enrolled?<br/>(Check one):</p> <p><input type="checkbox"/> 1915(i) CMHW Services</p> <p><input type="checkbox"/> PRTF Transition Waiver</p> <p><input type="checkbox"/> MFP-PRTF Demonstration Grant</p> <p><b>Name of participant (Optional):</b></p> |
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| <p><b>Grievance or Complaint</b></p> <p>Please describe the complaint or issue. Include details such as persons, services and dates involved, as applicable<br/>(Attach additional sheets if needed):</p> |
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**Return completed form to the Indiana Division of Mental Health and Addiction (DMHA).**

**Mail:** Indiana Division of Mental Health and Addiction  
 Attn: DMHA Youth Services  
 402 W. Washington St, W353  
 Indianapolis, IN 46204

**Fax:** (317) 233-1986

| Policy/Procedure Approval |                                    |                |
|---------------------------|------------------------------------|----------------|
| Revised: May 2014         | Formal Grievance or Complaint Form |                |
| OMPP Approval:            | On file                            | Date: May 2014 |
| DMHA Approval:            | On file                            | Date: May 2014 |